2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2001 08:00 AM N96000005405 DOCUMENT # 1. Entity Name **Secretary of State** TRI CITY KART CLUB, INC. Principal Place of Business Mailing Address POST OFFICE BOX 1144 POST OFFICE BOX 1144 PINELLAS PARK FL PINELLAS PARK FL 346641144 346641144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3408686 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCES G DOYLE & COMPANY Street Address (P.O. Box Number is Not Acceptable) 1611 MAIN ST DUNEDIN FL34698 US City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. FRANCIS G DOYLE & COMPANY 09/12/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE SD Change X Addition NAME NAME ANDRIES HARRIET STREET ADDRESS STREET ADDRESS 9211 55TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FT. 33782 ☐ Delete TITLE TITLE VD. ☐ Change X Addition NAME NAME CHISHOLM KARAN STREET ADDRESS STREET ADDRESS 9036 127TH ST.N. CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL. 33773 TITLE Delete TITLE PD Change X Addition NAME HOLLINGSWORTH NAME DAVID STREET ADDRESS STREET ADDRESS 7214 61ST AVE N CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL. 33780 TITLE Delete TITLE TD X Change Addition NAME BLAKE ROBERT NAME BLAKE ROBERT STREET ADDRESS 14701-54TH WAY SOUTH STREET ADDRESS 14701-54TH WAY SOUTH CITY-ST-ZIP CLEARWATER \mathbf{FL} 33764 CITY-ST-ZIP CLEARWATER FL. 33764 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

HARRIET M ANDRIES

□ Delete

SD

09/12/2001

Davtime Phone #

Change

Addition

CR2E037 (11/00)